

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

## Child Camp Waiver Form 2016

1. I, the parents/guardian of the name child(ren), hereby give my approval for his/her participation in any/all activities during the Barrington Recreation Department's 2016 programs. I assume all risks and hazards incidental to such participation, including transportation to and from such activities, and hereby waive, release, absolve, indemnify, and agree to hold harmless all individuals responsible for the conduct or activity involving my child(ren).

2. **MEDICAL CONDITIONS:** I understand that children requiring special attention are reviewed on a case-by-case basis with the recreation and program director(s). I understand that the Recreation Department does not receive specialized training for various special needs, but will work with individuals as appropriate. I will provide as much detail as possible, including any physical/emotional needs or medications involved so the staff will be able to provide a positive experience for each child. The Director of Recreation reserves the right to withdraw children from the program if we are unable to meet the special needs of the child.

Medical Conditions and/or Food Allergies: \_\_\_\_\_

3. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by the Town of Barrington Recreation Department involves risks such as, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts of others, or from the unavailability of emergency medical care - RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH, and that he assumes all risks that arise from, but not limited to, those risk factors described above.

4. **RELEASE:** The undersigned releases the Barrington Recreation Department and the Town of Barrington, its employees and agents, and agrees not to sue them on account of or in conjunction with any claims, causes of action, injuries, damage, cost of expenses arising out of the activity, including those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

5. **EMERGENCY TREATMENT CONSENT:** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency where the undersigned is unable to consent to such treatment.

6. **ACKNOWLEDGMENT:** The undersigned has read and understands this agreement.

7. **WITHDRAWAL & REFUND POLICY:** An email or mailed written withdrawal request before the program begins will receive the full program fee, minus a \$30 processing fee. An email or mailed written withdrawal request by the second (2nd) day of the program will receive half the program fee, minus a \$20 processing fee. A withdrawal request after two (2) days of the program will receive no refund.

Parent / Guardian \_\_\_\_\_  
Signature

Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
Please print

### EMERGENCY CONTACT INFORMATION:

Name of Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_